



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH PROFESSIONS LICENSURE  
239 CAUSEWAY STREET, SUITE 200  
BOSTON, MA 02114  
800-414-0168  
617-973-0800  
[www.mass.gov/dph/boards](http://www.mass.gov/dph/boards)

BOARD OF RESPIRATORY CARE  
Application for Limited Permit  
All Questions Must Be Completed  
FEE: \$100.00 check or money order

1. Applicant Name: \_\_\_\_\_  
(Last) (First) (Middle)  
1. Maiden Name/Other Name (if applicable): \_\_\_\_\_  
(Last) (First) (Middle)
2. Address: \_\_\_\_\_  
(No.) (Street) (Apt. #)  
(City/Town) (State) (Zip Code)
3. Most Recent Previous Address: \_\_\_\_\_  
(No.) (Street) (Apt. #)  
(City/Town) (State) (Zip Code)
4. Telephone Number(s) Day: \_\_\_\_\_ Evening: \_\_\_\_\_
5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 6. Place of Birth: \_\_\_\_\_  
(mm/dd/yyyy)
7. Sex: M F 8. Height: \_\_\_\_\_ 9. Weight: \_\_\_\_\_ 10. Eye Color: \_\_\_\_\_  
(Circle One)
11. Social Security Number (**Disclosure is mandatory**): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Pursuant to G.L. c. 62C, s. 47A, the Division of Health Professions Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax and child support laws of the Commonwealth.
12. Mother's Maiden Name: \_\_\_\_\_

**FOR BOARD USE ONLY**

Cash Number: \_\_\_\_\_ License Number: \_\_\_\_\_  
Limited Permit Number: \_\_\_\_\_

13. Program/School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Matriculation Date: \_\_\_\_\_

Program Type: \_\_\_ Master's \_\_\_ Bachelor's \_\_\_ Associate's \_\_\_ Certificate

14. List all professional licenses or certifications currently or previously held in any other states or jurisdictions.

*Submit a certificate of standing from each state or jurisdiction in a signed sealed envelope. Certifications may be mailed directly to the Board.*

Lic. No.	Profession	Issuing Jurisdiction
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*Use additional pages if necessary.*

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**If you answer YES to any of the following questions attach a separate sheet explaining each one.**

15. Have you ever been a defendant in a Medical Malpractice claim?

Yes \_\_\_\_\_ No \_\_\_\_\_

Include claim number, date(s) and current status of claim with your explanation.

16. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_

17. Has any licensing or certification board located in the United States or any country or foreign jurisdiction taken any disciplinary action against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

18. Have you voluntarily surrendered or resigned any professional license to a licensing board or certification board within the past 10 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

19. Have you ever been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any criminal investigation or any court proceeding in relation to any criminal violation? Do not report minor traffic violations for which a fine of \$100 or less was imposed.

Yes \_\_\_\_\_ No \_\_\_\_\_

20. Pursuant to GL c. 62C, s. 49A, I have filed all Massachusetts tax returns and paid all Massachusetts taxes and child support required by law?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If NO, attach a complete explanation, copy of payment agreements, etc.*

21. Pursuant to G.L. c. 119, s. 51A and G.L. c. 112, s. 1A, I certify that I will fulfill my obligation to report the abuse or neglect of children.  
Yes \_\_\_\_ No \_\_\_\_

## **AFFIDAVIT**

I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and entities (local, state, federal, or foreign) to release to the Board of Respiratory Care any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Respiratory Care to release information contained in this application in association with its processing.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board (CHSB) for access to conviction and pending criminal case data. As an applicant for authorization to practice as a Respiratory Therapist, I understand that a criminal record check may be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information provided in this application pursuant to G.L. c. 112, ss. 23R through 23BB is correct to the best of my knowledge.

I agree to abide by the rules and regulations for licensing in Respiratory Care as defined in and promulgated pursuant to G.L. c. 112, ss. 23R through 23BB.

I attest that the statements made herein are truthful and are made under the pains and penalties of perjury.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Attach a Recent  
2X2 Passport Photo**

Notary Name: \_\_\_\_\_  
Commission expires: \_\_\_\_\_

[Seal]

**For official use only**

**Reviewed by:** \_\_\_\_\_ **Limited Permit Issue Date:** \_\_\_\_\_ **Limited Permit #** \_\_\_\_\_

**Anticipated Respiratory Therapy Program Completion Date:** \_\_\_\_\_

**Type Program:** Bachelor's Degree \_\_\_\_\_ Associate Degree \_\_\_\_\_ Certificate \_\_\_\_\_

**Limited Permit Expiration Date:** \_\_\_\_\_

Based on the anticipated completion date of the program you are enrolled in, your Limited Permit expires on the date listed above. The expiration date of a Limited Permit may be extended by the Board, as provided in 261 CMR 2.08.

A Limited Permit shall be valid during a student's matriculation in an accredited Respiratory Care education program. A Limited Permit shall **automatically** expire upon a student withdrawal or dismissal from an accredited Respiratory Care education program. Prior to the expiration of the limited permit, the Limited Permit holder must take and pass the CRT examination and provide official documentation of same to the Board, in completion of the full license application.

A copy of the statute & regulations pertaining to Respiratory Care is available on the Board's web site at [www.mass.gov/dph/boards](http://www.mass.gov/dph/boards) or from the State House Bookstore, Room 116, State House, Boston, MA 02133. Phone: (617) 727-2834. The statutes for Respiratory Care are Massachusetts General Laws, Chapter 13, section 11B and Chapter 112, sections 23R through 23BB. The Board regulations are 261 Code of MA Regulations, sections 2.00 through 5.00.

**Fee**

**Attach a non-refundable application fee of \$100.00 (check or Money Order) payable to the Commonwealth of Massachusetts.**

**A completed Verification of Education form, signed by the Respiratory Therapy Education Program Director, must accompany this application.**